

THE CLEVELAND MUSEUM OF ART
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Artist

CAROL

LUCAS

FIRST NAME

LAST NAME

Address 11101 MAGNOLIA DR. CLEVELAND 6, OHIO

Tel. 421-9126

Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank..

DO NOT WRITE IN
THESE COLUMNS

3	0	50.4A.	CLEVELAND SERIES, DRAWINGS, PENCIL	3		
			NOS. 40, 55, 60.			
			→ No 40	3	269	1A

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Carol J. Lucas
SIGNATURE